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The Menopause--Its Relation to Disease.

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Woman, in order to perpetuate her species, has been endowed with certain function or functions, which, after a certain number of years are, by nature's own inexorable law, laid aside, and she once more assumes the individual life which she possessed prior to puberty. This gradual but certain loss of function, commonly called "change of life," will be our theme for consideration to-night.

It is not the object of this paper to enter into a speculative discussion as to the probable cause of this important epoch in woman's life, for, it will probably always remain one of the unsolved mysteries in nature. Suffice it to say, the change does occur at some time during her existence, and the paper will confine itself to such points as will be interesting and instructive to the general practitioner.

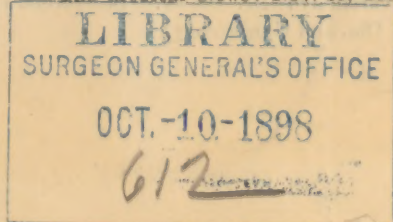
There is, perhaps, no subject in the whole domain of medicine upon which physicians have such an indefinite or ill-defined idea as they have on the subject of this paper; for, upon investigating the subject I find one short article in Mann's System of Gynæcology; and in a dozen or more of the popular works on gynæcology, the word menopause is not found in the index. This, no doubt, partially accounts for the indistinct and indefinite views entertained upon the subject.

How frequent, how very frequent do we diagnose a case as "change of life" which, in many instances, includes all symptoms which cannot be readily accounted for in suffering womanhood, between the ages of forty and sixty. This sort of diagnosis may satisfy nurses

and perhaps patients but it does not bear the stamp of thorough scientific investigation and research, and it is high time that scientific medical men no longer delude themselves by hiding behind a barrier which can be readily removed.

We are all prone to fall into the paths of tradition, beilving as our forefathers did, and when a chronic or obstinate case, ill-defined in many particulars, presents itself, it is the rule, not the exception, because of tradition, to indolently and carelessly diagnose the case as one of "change of life" and pass it by. Right here, let me call a halt. In this connection the apt remarks by our beloved Goodell,* in a recent article in the *Medical News* are timely and to the point: "I have learned to unlearn the grand motherly belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially that of menorrhagia. True, it must be conceded that as an entity it does seem to disturb the vaso-motor system, and through it to cause many severe perturbations, such as tingling and numbness, sweating of the skin, flashes of heat and shivers of cold, emotional explosions, and a large group of hysterical symptoms. Yet, contrary to the prevalent lay and professional belief, how rarely can true uterine hemorrhage or other uterine discharges be traced to the climacteric as a cause in itself. Yet, many a poor woman has lost her health, her life, indeed, by her own and her physician's belief, that her hemor-

*The Medical News: Nov. 15, 1887.



rhage or other vaginal discharges are critical and due to "change of life," a misnomer which too often leads to indolent diagnosis and slovenly therapeutics." I would go even farther than this and say that as an entity the menopause or climacteric does not exist.

The transition period of girlhood into womanhood is certainly of no less importance than that of the menopause, and when the functions of the body and the physical development in all its particulars are in their normal state we anticipate no trouble and have no anxious solicitude as to perfectly free and painless development of girlhood into womanhood. If nature's law is anything it is beneficent and logical, and in place of looking upon puberty or menopause as entities or realities, they are simply periods of transition, and which, if uncomplicated by faulty or arrested development in any part or organ of the body, can certainly give no well founded cause for serious apprehension. If development is impeded at, or before puberty, it is in accordance with nature's universal law, that when her law is violated there is no excuse, but suffering and diseases are inevitable. Hence the complicated range of symptoms generally attributed to puberty when, as a matter of fact, it is a faulty development. There is no good reason why woman should pass through the period of puberty, if her physical condition is in a perfectly healthy state, with any less discomfort or less disease than she should suffer in passing through the period of menopause.

The age at which the change of life occurs varies in different climates. In this country menstruation ceases between forty and fifty, the average being about forty-six. Cases are reported at sixty and *Dr. Emmett reported a case before the New York Obstetrical Society at the age of seventy, and †Dr. Battey records one at ninety-three in his "Normal Ovariectomy." In my own limited professional career, I have delivered one woman at fifty-five and another at fifty-seven. On the other hand two cases in which menstruation had ceased at thirty

and another at thirty-three have come under my observation. In either extreme, if abnormal symptoms arise as would suggest the menopause, a thorough examination should be made to avoid all possibility of error. A woman in perfect general health without local disease or malformation, or abnormal conditions as a result of previous disease, should cease to menstruate without any constitutional or functional disturbance whatever. If she does not, the symptoms accompanying this period are as numerous and as varied as the diseases complicating it. Hence, the ill defined symptomatology.

It is so common to find copious hemorrhage and suffering almost to a point of distraction from reflex and sympathetic nervous disturbances, that the profession generally has looked upon this epoch and has educated woman to look upon these symptoms as nothing more than she should expect, believing it is only the "change of life."

Before turning to symptoms and diseases complicating this period, I shall again revert to my original proposition that if she is a sound perfectly developed being she will have little or no discomfort in passing through this period, some authority to the contrary notwithstanding. If she does suffer, it must be due to local or constitutional causes which, in turn, cause symptoms and modify them according to the nature and gravity of the disease. My position has been clearly defined and the subject of cause and effect, symptoms and disease shall, as closely as possible, be the confines of our discussion.

In a general way, we may gain some advantage by making three classes—those having a lymphatic temperament, those having a sanguine temperament and those having a nervous temperament. All things being equal, it is generally believed those having a lymphatic temperament are more likely to have an easy change. Those of a sanguine temperament are more prone to hemorrhage and reflex head symptoms; those endowed with a bilious or nervous temperament predispose to liver and stomach disorders and to nervous and mental diseases.

This classification can only aid us in reaching a logical conclusion as to the cause of the disease with which our patient is probably

*New York Medical Record; Transactions of the N. Y. Obs. Society, Nov., 1887.

†Normal Ovariectomy: Dr. Battey. See Wood's Encyclopedia of Obs. and Gynecology.

afflicted. The one principle paramount to all others, which must guide the one most successful in this, as in all other cases, is first, to ascertain the cause, and next to remove the same if impossible. This principle of ascertaining the cause is so frequently overlooked that you will pardon me for alluding to it again and again. It is being done so much that I am willing to acknowledge my most frequent failure of success. It is my lack of opportunity or lack of thorough examination.

Before entering upon the discussion of symptoms and diseases usually accompanying the menopause, it will be well to return and ascertain what changes occur in her physical condition. In a nut shell, the whole reproductive system undergoes a gradual retrograde metamorphosis or general atrophy. The ovaries lose their activity, the "Graafian follicle undergoes a fatty degeneration forming simply a fibrous mass;"* the fallopian tubes, particularly the fimbriated portion, lose their grasp and power of contractility. The uterus becomes less sensitive to touch, its secretions become more like serum or mucous; the walls become thin, hard and more fibrous; the cervix becomes short and hard and the canal at times, becomes almost obliterated. Upon examining per vaginum the cervix is hard and unyielding and to the point of the finger conveys an impression similar to that of the point of one's nose. The external genitalia gradually follow. The labia soon lose their fat, and atrophy to mere flaps of skin. This atrophy is confined to all the reproductive organs, while, on the other hand, the physical change in other parts of the body have a decided tendency to obesity. The fat increases as the power of reproduction decreases. †Naphey in his well known works of "Physical Life of Woman" records a very curious observation. He says, "When a girl changes to a woman a similar deposit of fat takes place (though less in amount) which commences at the loins. This is the first sign of puberty. In the change of life the first sign is visible at the lower part of the back of the neck, on a level

with the bones known as the two lower cervical vertebræ. There commences an accumulation of fat which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life." This, indeed, is a curious freak of nature, but I have so frequently observed it and it is an anatomical fact well worth remembering.

The symptoms vary greatly, no two cases presenting exactly the same symptoms. Hence it is impossible to classify them, but for the sake of simplicity, it will be best to follow a general outline already given, viz.: the phlegmatic, the sanguine, the bilious and nervous, each general type presenting in the main symptoms in common. The former class generally suffering least and seems specially favored by any easy change. The sanguine and nervous type perhaps suffer most.

Uterine hemorrhage is the foremost pathological symptom during the climacteric period. Indeed, irregular and profuse bleedings, menorrhagia, is a very common occurrence. The severity of the attacks depend upon different causes in different cases, but in many cases they are so profuse as to produce an anæmia from which the patient does not rally for months, and the importance attached to such cases largely control the mortality list. In September, 1887, I received an urgent call to see Mrs. M., aged 42, who was reported to be bleeding profusely from the womb and unless something was done immediately, she would die. I learned through the messenger that she had taken two vials of the one ten hundredth dilution of something but she had continued to bleed as before. She gave the following history: irregular, scanty or profuse flow for five months, occasionally passing large clots and on one occasion, literally saturated the mattress and bed before she was awakened; faintness, dizziness, vertigo, flushes of heat, and a sense of "goneness" in stomach. These latter symptoms occurring prior to the copious hæmorrhage. Upon close examination, I found an interstitial fibroid tumor attached to fundus of the uterus, size of a large orange, base being as large as any part of it. It is needless to say that all medicine of the homeopathic apothecary or any other, for that matter, was of no avail. I tamponed her with

*Reference Hand Book of Medical Science, Vol. 2, page 73.

†Physical Life of Woman: Dr. Naphey.

antiseptic cotton every day for four days and hastened to restore the blood she had lost. She had never given her consent for the removal of the tumor which was her only safeguard to the repetition of the same occurrence. Case was seen by my friends Drs. Waterman and Hazlett, in view of operation, but she afterwards left the city and have heard nothing since. In this case it was quite evident as to the cause of the flooding.

In these cases, naturally, the only relief to be given is to proceed at the earliest possible moment to remove the offending cause. It is the duty of the physician to insist upon this.

During the winter of 1886, I was called to see a lady, 52 years old who had been bedridden for five years. Her irregular menstruation had begun about seven years prior. Having frequent floodings, she soon became so emaciated that weakness compelled her to take her bed. She was of a decidedly nervous type and presented all the characteristic phenomena of hysteria, including flushes of heat to head, palpitation of the heart and spinal irritation. At other times she was so despondent, refusing food or drink for days at a time, that serious apprehension was entertained about her sanity. She was a confirmed invalid in every sense of the word. She could not rise from her bed for fear of hæmorrhage and her physician had given her fair warning that she would bleed to death if she took to her feet. That it was simply a long "change of life" and she had no alternative, the physician adding "What can't be cured, must be endured." My first examination proved negative. Every organ in her whole body was as nearly normal as could be found in one so long confined to bed. Her ovaries were neither sensitive or too large, for they could be felt distinctly through the vagina. The uterus had not undergone much change but it was smaller than found during the child bearing period. The cervical canal was hard and resisted like gristle but in the main, symptoms were negative. One thing, however, was peculiarly conspicuous, viz.: upon introducing the sound gently and with least possible irritation to the endometrium the blood fairly gushed from the womb, making tamponing

necessary. Resolved to find the cause if it existed in the genital tract, I dilated forcibly the uterine canal and found endometrium literally covered with granulation from size of cherry pits to small beans. Scraping the membrane with a dull curette, I made a thorough application of solution of nitrate silver, 10 grains to 3, again placing my tampons one in front, one behind and one over the os, I left her. She lost the reflex symptoms, her hysteria disappeared as did her other symptoms, and in six weeks after the operation, she said she felt as well as she ever felt, asked to take a ride, which she had not done for five years.

The most frequent cause of a complicated climacteric is, no doubt, rupture of the perineum. In fact, while my observation has been limited, I have never seen a woman pass through this period unmolested who had a ruptured perineum. The cause is self-evident. The natural support of the uterus is missing, the uterus becomes engorged and hyperæmic, local congestions of the adjacent organs, all unite in making war upon nature's process of gradual atrophy or involution.

In this connection it may not be inappropriate to urge a plea for suffering womanhood by advocating immediate perineorrhaphy. Any physician or accoucheur who, in this age of aggressive gynecology and obstetrics, leaves a woman after confinement with a ruptured perineum is guilty of gross negligence and his patient is certain to return to him with manifold ills, many of them due to his negligence, carelessness or incompetency. The countless cases of prolapsus uteri are in a large measure due to a partial or complete rupture of the perineum. The main natural support is gone, and prolapsus with its endless train of symptoms follow.

About five years ago, a certain lady in our city consulted me, saying that she believed herself pregnant and desired a professional opinion on the subject. She was thirty-seven years old and had not menstruated for two months. She had no symptoms of pregnancy and she regarded it almost impossible. When her next period arrived she again consulted me telling me that she was suffering very much and applied for relief. She was not

pregnant, and with some medication she began to menstruate. From this time on for three years she suffered untold misery from headache, backache and innumerable reflex nervous symptoms, at intervals of two, four, six, eight or ten weeks. Medication seemed useless and she became disheartened. Frequent examinations and observations convinced me that her trouble was entirely due to chronic enlargement and disturbed pelvic circulation due to ruptured perineum. I proposed an operation which was performed about two years ago, assisted by my friend Dr. Hazlett. Medication for reducing the enlarged womb was again resumed. Her symptoms gradually disappeared, her headache which had prior to the operation been intolerable, lessened in severity until six or eight months after the operation, they ceased altogether. Her menstruation appeared in six months afterward with little or no pain. She has not menstruated for nine months and only recently she told me she had not felt as well as now for fourteen or fifteen years.

Another very frequent cause observed in disturbing this period is laceration of the cervix with or without ulceration or induration of cervix or body of the uterus. If the ulceration remain obstinate, thereby making it impossible to remove it completely without repairing the cervix, the line of duty is plainly indicated.

The least hopeful and most distressing complication of the period is epithelioma or cancer of cervix and body. It behooves us more particularly to urge an early examination, especially in those who have an hereditary taint. An early knowledge of this dreadful disease is as essential to the physician as to the patient, both from medical and surgical standpoint. Statistics based upon records of the leading gynæcologists prove that lacerated cervixes are more liable to malignant disease than those not lacerated. *Dr. Munde of Brooklyn, goes even farther. "He did not agree with Dr. Chadwick of Boston, who had recently published that there was no danger of epithelioma developing from lacerated cervix, simply because he had had cases that proved to the

contrary and had no doubt that the lacerated cervix is more liable to become the seat of malignant disease if the eversion and erosion, etc., are sufficient, than is the cervix that is not in a torn condition." Suffice it to say, nothing but prompt medical or surgical interference will prevent our patient from entering a premature grave. Dr. Wallace, of Jefferson Medical College, in a lecture, remarked that he had cured three cases of cauliflower variety of epithelioma by daily application of a solution of perman, potass. grains 10 to 3. Microscopic examination proved their cancerous nature and his cases lived under his care for years afterward. The remedy is, beyond question, one of immense utility in these troubles, from personal observation, but it is needless to say that it will not cure many cases even if seen early. The only recourse then, is the knife, and amputation of the cervix or a complete hysterectomy is in many cases the only relief. If seen when disease is limited in its area a vast amount of good may be accomplished with the knife; if not, the operation had better be discarded for remedial measures only.

There is another class of symptoms—the sympathetic and reflex nervous symptoms—which are as different as the disease upon which they depend. Among the most common are local perspiration, suffusion of neck, face and hand, a fullness in the head, the latter so marked as to cause a staggering gait. Choking sensations, accompanied with faintness, and as one author described it a "serpigenous sensation" all over body, are among the most common reflex phenomena. In the main, they can be traced to some irritation, nervous or circulating disturbance in the reproductive system.

We next come to the ^{psychical} physical condition of woman. The change produced in the character is often quite noticeable. Dr. Tilt in his *Elements of Health and Principles of Female Hygiene*, says, "There are almost always, while the change is progressing various forms of nervous irritability and some confusion and bewilderment which seems to deprive women of the mental endowment to which they have acquired a good title by forty years enjoyment." These different shades of moral insanity appear most frequently in those endow-

*New York Medical Record: Transactions of New York Academy of Medicine, April, 1887.

ed with a nervous temperament, and, if heredity bears a conspicuous feature in the case, insanity in all its forms and phases may now develop itself. There seems to be an especial tendency to melancholy. *Dr. Borner, upon the subject says, "The daily duties lose their interest and there is a certain indifference towards everything. They are often surprised at finding themselves plunged in a certain stupor or dejection, while they are troubled more than before with the consciousness of their own imperfections, and with forebodings of sickness and death. Some are disquieted on account of the possible loss of their property, while nearly every one experiences, unconsciously or consciously a certain amount of ennui, more or less of a disposition to peevish melancholy." These remarks of Dr. Borner, come home to me so vividly that I cannot refrain from citing another case which came under my notice some years ago. A lady, a near relative, during the second year of her menopause, suddenly showed marked signs of melancholy and, at intervals, mild symptoms of insanity. She called her husband and children

to her room telling them of her visions and presentiments and that she desired making a will and disposing of her property before her death which she claimed was near at hand. A leading Philadelphia specialist was consulted who recommended after careful examination, that an operation for restoring a completely lacerated perineum, causing prolapsus procedentia, was an important, if not the exciting cause of the trouble. The operation was performed, the patient's physical condition soon improved and the mental symptoms disappeared rapidly. No other complications arose and she was discharged well and happy in six months after the operation.

One word on the subject of mortality with reference to the climacteric. Every one knows the popular opinion, and even "Life Insurance Companies" seem to share in this opinion, that the period of "change of life" is peculiarly fraught with danger and death to woman. It is a fact, however, based upon evidence of the most indisputable character that this is an error. The mortality between the ages of forty and fifty in males exceeds that in females, a fact most surprising but undoubtedly correct, it being based upon the most reliable statistics.

*Woods Cyclopedia of Obs. and Gynæcology. Vol. 11, by Dr. Borner.

Felty J. W.
 The Menopause — Its Relation
 to Disease, 6 pp. pap. quarto,
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